For most people, the process of getting pregnant begins with plenty of hopes. You imagine your future child, shop for maternity clothes, consider how you want to parent your child. You probably think you'll be one of those people who gets pregnant on the first try. Or maybe the second. By the third or fourth month, you might be getting antsy.

It's normal for it to take six months to a year to get pregnant. For couples who wait longer than this, infertility can begin to feel like nothing but a series of dashed hopes and thwarted dreams. You get accustomed to the monthly disappointment. You might begin to feel helpless, hopeless, and depressed. So many of our plans are bound up in the fantasy of children. For many people, especially women, having children is inextricably linked with self-esteem.

Infertility isn't your fault. It's a real medical condition. That means it's not going to go away on its own. The good news is that infertility is treatable -- and sometimes easily so. Most people struggling with infertility are eventually able to produce children. The sooner you act, the sooner you can join the ranks of the formerly infertile.
Fertility myths persist for many reasons: mistaking anecdote for scientific evidence, clinging to old wives tales, or simply believing what we want to believe. Sometimes these myths help infertile couples feel better about their chances. But feeling good won’t get you pregnant.

Here are the false beliefs you need to dispense with now if you hope to get pregnant.
The Day After Ovulation is the Most Fertile Time

Most people trying to get pregnant know that ovulation is when the ovaries release an egg. But this actually isn’t the most fertile time of the month. Sperm can live in the reproductive tract for up to a week, while eggs live for only 12-24 hours. That means that the best time to get pregnant is actually right before ovulation. This gives sperm time to reach and fertilize the egg. Try having sex every other day leading up to, and in the day or two following, ovulation.

You’ll Get Pregnant if You Just Relax

Infertile couples often hear this from well-meaning family and friends. Not only is it wrong; it’s a form of victim-blaming. The message is that you did something wrong to cause your infertility. That’s not true.

Related to this is the myth that couples need to ‘stop trying’ to get pregnant and it will happen. That’s definitely not the case. In fact, if you have a fertility issue, relaxing too much can actually prevent you from seeking the help you need. That could delay a pregnancy. Or, if you’re old enough that age-related infertility is a concern, the delay could permanently foreclose the possibility of a pregnancy.
Very extreme stress can disrupt the endocrine system, triggering infertility. So people who have experienced a trauma or who have untreated mental illness should seek help. However, fertility treatments can address the endocrine effects of stress, so don’t delay treatment just because you’re overwhelmed.

Infertility can be stressful in its own right. So the myth that just relaxing will get you pregnant is not a reason to neglect your mental health. Consider therapy, or an infertility support group, if infertility is affecting your sense of self or your ability to function.

You’ll Ovulate on the 14th Day of Your Cycle

The menstrual cycle lasts, on average, 28 days. Most women ovulate in the middle of their cycle, but averages don’t tell you anything about your own fertility. Some women have longer or shorter cycles. A long or short luteal period -- the period following ovulation -- may mean that you ovulate toward the end or beginning of your cycle. What’s more, the day you ovulate may shift slightly from month to month. So even if you know which day you normally ovulate, it can change with hormonal shifts when you are ill, stressed, or when other subtle factors affect your body.
We wish this were true. It’s unfair that women lose fertility at a more rapid rate than men. It’s even more unfair that, just as many people are entering stable adulthood in their mid to late-thirties, they’re losing fertility.

Fertility begins declining somewhere between the age of 30-35 for both men and women, though the decline is more precipitous in women. After 40, the decline is significant, and women may not be able to get pregnant in their 40s without help.

Fertility issues don’t get better when you wait them out. Give yourself the best possible odds by seeking help early in your journey.
You’ll Know if You’re Infertile

Some women suspect they’re infertile based on issues with their menstrual cycles. But many women and men have no idea they’re infertile. Perfect health, a regular menstrual cycle, and no STD history do not guarantee perfect fertility.

That doesn’t mean you should assume you’re infertile. Try it on your own for a while, but if it doesn’t work -- or if recurrent miscarriages become an issue -- know that it’s time to seek help.

Having Sex Every Day Will Get You Pregnant

Men produce millions of sperm. And unlike eggs, men don’t run out of sperm -- though sperm count does tend to decline with age. This is why many couples mistakenly believe that if they just keep having sex, they’ll eventually produce a pregnancy.

That’s not true. Having sex too frequently can lower sperm count. Fertility falls with sperm count, so a constant sex strategy may backfire. Instead, try having sex every other day to maximize the chances of getting pregnant.
Birth Control Pills or Abortion Will Make You Infertile

Birth control pills alter a woman’s cycle such that she doesn’t ovulate or that the egg doesn’t implant. But they don’t permanently change fertility. Don’t believe myths to the contrary. It can take up to three months for a woman’s cycle to return to normal after birth control pills, but thereafter, a pregnancy is possible.

Abortion also won’t cause infertility, though some limited evidence suggests that multiple abortions may lower fertility. That’s because multiple abortions increase the chance of other issues, such as an infection, that can hinder fertility. If you’re concerned about this issue, talk to your doctor. Unless you’ve experienced an injury during an abortion -- such as an infection or perforated uterus -- your fertility should remain intact.

You Can Have Sex in a Way That Controls the Sex of Your Child

The sex of a child is determined by one thing and one thing only: whether the man contributes an X or Y chromosome. No sexual position, food, or meditation will change this. If you’re struggling with infertility, focus on timing sex to optimize your chances of getting pregnant. Don’t fixate on old wives’ tales about sex determination.
A Special Diet or Supplement Can Get You Pregnant

Eating healthy can help you have a healthy pregnancy, and may increase sperm quality. But special diets -- particularly highly restrictive ones -- are unlikely to produce a pregnancy. The only exception to this is when there's a diagnosed medical issue that relates directly to diet. For example, some women with polycystic ovarian syndrome (PCOS) are insulin resistant, and can increase their fertility with a low-sugar, low-carb diet.

Many people are deficient in various vitamins and minerals, but are still able to get pregnant. A vitamin or mineral deficiency may undermine your health, but it won't prevent pregnancy. The fetus takes what it needs from the mother, so minor deficiencies don't figure prominently in miscarriage or infertility. That doesn't mean it's a bad idea to take a supplement. Just don't get caught up in trying to find the perfect supplement to get pregnant. There isn't one.

Women who are trying to become pregnant should, however, take a folic acid supplement. Folic acid, which is abundant in prenatal vitamins, can prevent neural tube defects. Because these defects occur early in pregnancy, before most women know they're pregnant, it's important to take a supplement before you get pregnant.
If You Get Your Period, You Ovulated That Month

Your monthly period is when the uterus sheds its lining after an egg fails to implant. So most women think that if they get a period, they ovulated. That's usually the case, but only if a woman's periods are regular. Women who have irregular periods or spotting -- and less frequently, women who have regular periods -- may experience bleeding for other reasons.

Sometimes, after a long period of no ovulation, the uterus sheds its lining anyway. Hormonal swings can cause spotting and break-through bleeding. Moreover, even if you are ovulating every month, it doesn't necessarily mean you'll get pregnant.
Forget about old wives’ tales and other myths. If you want to have a child, you need to be armed with cold, hard facts. Consider the following.
Your Cycles Tell You a Lot

You can learn a lot from charting your monthly menstrual cycles for three months or so. Consider doing this in the lead-up to a consult with a fertility specialist. Data about your cycles can help you determine:

- Whether you have a short luteal phase.
- Whether you’re ovulating, and at what frequency.
- Whether you may have hormonal issues.

Menstrual cycles alone won’t diagnose you, and you can’t diagnose yourself based on these charts. Information is power, though, and the more information you give your doctor, the more quickly you can jointly get to the heart of the problem.
A Healthy Lifestyle Can Improve Your Chances

Want a healthy reproductive system? Cultivate a healthy body. Clean eating and exercise won’t cure underlying fertility problems, but they can prevent some issues. And if your fertility is marginal -- such that you’re able to get pregnant, but that a pregnancy is less likely -- a healthy lifestyle may make a meaningful difference. Some simple strategies include:

- Getting 30 minutes of exercise at least five days a week.
- Eating a variety of foods, including plenty of protein and dark, leafy greens.
- Minimizing sugar intake.
- Maintaining a healthy weight. Being underweight or overweight can compromise fertility.
- Controlling stress via meditation or another stress management tactic.
- Treating any medical conditions, and discussing with your doctor how any prescriptions you take might affect fertility.
Infertility Doesn’t Go Away on Its Own

The world is full of amusing stories -- the couple who got pregnant when they adopted, the people who had a child after 20 years of trying and no interventions, or the woman who conceived a child when her doctor said it was impossible. These stories make us feel good, but anecdote is not data. Infertility does not go away on its own. One doctor’s mistaken assumption that a woman can’t get pregnant does not mean you will get pregnant with no help.

Today’s infertility specialists take a holistic approach. They look at underlying medical conditions, medications to treat them, fertility treatments, and the way diet and lifestyle affect fertility. This approach is your single best option for getting and staying pregnant -- far better than counting on infertility magically reversing itself. Hope is harmful if it encourages you to do nothing.
It seems obvious enough: fertility doctors are experts at treating infertility. But it's hard to admit when you have a problem. Many couples feel like seeking help means they're giving up on a pregnancy. It's just the opposite. The right help can help you be pregnant this time next year, or maybe even next month. Treatment works, and there are far more options than you may be aware of.

Here's something else to consider: not all physicians are equally equipped to treat fertility issues. Fertility medicine is an emerging, cutting edge field. Your OB/GYN or family physician might not know the latest research, and might not use the right diagnostic tests. If you rely on your usual physician to treat infertility, a pregnancy could take longer. And it might not happen at all.
Infertility Doesn’t Necessarily Mean IVF

For a variety of reasons -- expense, fear of the process, religious objections -- many people want to avoid in vitro fertilization (IVF). For some people, particularly those with unexplained infertility or certain medical conditions, IVF is the best option. For many, it's not the best. And it's rarely the only choice. A range of choices are available, so don’t let fear of IVF or concerns about expense deter you.

Infertility Treatment Isn’t Always Expensive

Most insurance policies don’t cover infertility treatment. However, many fertility issues are also medical issues. These may be covered by insurance. Even more important to know is that not all fertility treatments are expensive. Even when they are, a range of options, including financing, can help you fund them. Because fertility declines with time, this is one of the few times in life when using a loan to fund the future may be a good idea.
Infertility Isn’t Only a Female Issue

For as long as there’s been recorded history, history has recorded a sexist trend of blaming women for infertility. In some times and places, women could be divorced or even killed if they didn’t produce a child, or even more specifically, a son. Until recently, sexist double standards convinced most women that infertility was their fault.

That’s profoundly unfair. Most of us know intellectually that both men and women can be infertile. But for some reason -- perhaps because many of us grow up seeing children as a woman’s thing -- many couples only send the woman for fertility testing. In about a third of couples, infertility is due to something wrong with the man. In another third, there’s something wrong with both the man and woman. That means that treating the woman only will adequately treat only a third of infertility cases.

You both need to be tested. And preliminary male fertility testing is remarkably easy -- and far less intrusive than testing the woman. So get tested now. Fertility problems tend to get worse with time.
So what can you do if you want to improve your fertility? These steps can help get you closer to your goal.
Remain at a Healthy Weight

Don’t let body image issues undermine your fertility. If you’re too thin, you won’t ovulate. And even if you do, you’ll not be sufficiently nourished to grow a healthy baby.

Being overweight is equally problematic, because it can disrupt your endocrine system. Ask your doctor what a healthy weight for you is, then take sensible steps to achieve it. No crash diets or compulsive exercising, since those strategies can also disrupt fertility.

Don’t Do Drugs

Illicit drugs, tobacco, and alcohol may alter menstrual cycles and fertility.

Even more troubling, some prescription drugs can also be a problem. Corticosteroids are particularly problematic. If you use drugs, stop. And if you take prescription drugs, talk to a doctor about how to safely manage your condition without harming your fertility.
Correctly Time Sexual Intercourse

You can have lots of sex throughout the month and still have zero odds of getting pregnant -- even if you have no fertility issues. Timing is everything. Your doctor can help you pinpoint your fertile window. Some strategies to do it on your own include:

- Using an ovulation monitor; note that by the time you get a positive, you may have already ovulated.
- Taking your basal body temperature each morning. This confirms ovulation after it has happened, since ovulation causes a slight rise in body temperature. If you do this for several months, you can pinpoint the day you usually ovulate.
- Looking for other signs, such as fertile cervical fluid. This vaginal discharge is often thicker, wetter, and the consistency of egg whites.
- Having intercourse every other day in the middle of your cycle to increase your odds of hitting the fertile window.
Eat a Balanced Diet

Diet won’t make you fertile. But it can support fertility treatment. It also prepares the body to nurture a healthy pregnancy. Some important strategies include:

- Eating plenty of protein, particularly if you are vegetarian. Protein helps you feel full if you’re trying to lose weight. It also helps nurture a developing baby’s brain, and supports a healthy pregnancy.
- Eating a varied diet rich in fruits and vegetables, and low in packaged foods and sugar.
- Taking a prenatal vitamin that contains folic acid.
- Drinking plenty of water. Replace sugary drinks with water and you’ll get fewer empty calories in your diet.
Know Your Health History and Risk Factors

It’s common for people to lie to their doctors. They may feel embarrassed or afraid of judgment. But lying to your fertility doctor won’t help you get pregnant. Your doctor needs as much information about your health as possible, so answer questions fully and truthfully. Some helpful information includes:

- Whether you have a history of sexually transmitted diseases.
- Whether you’ve been pregnant before.
- Whether, and for how long, you’ve taken birth control pills.
- Any family history of reproductive cancers or reproductive diseases.
- Whether your periods are typically regular.
Work With a Skilled Fertility Team

If you are struggling to get pregnant or to stay pregnant, working with a skilled fertility team is the single best decision you can make. Don’t go it alone. Don’t rely on Google. And don’t hope the tide will change. Infertility is a medical condition, but it is also treatable.

So how do you know you need a fertility specialist? Seek help if:

- You know you have a condition that limits fertility, such as PCOS, low testosterone, or an endocrine disorder.
- You are single or in a non-heterosexual relationship and want to get pregnant with assisted reproductive technology.
- You are over the age of 35, and have tried for longer than 6 months to get pregnant.
- You are under the age of 35, and have tried for longer than 12 months to get pregnant.
- You have had at least two miscarriages.
- You have only one ovary, have a history of ectopic pregnancies, or have a diagnosed uterine anomaly.
INFERTILITY DOESN’T HAVE TO BE SCARY.

Parenthood is just around the corner with the right help.

Get A Personalized Evaluation